



NOTIFICATION OF WITHDRAWAL

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The following documents must be submitted with this form:

- a) Copy of the member's Identification document
- b) Proof of bank details (when full or part of benefit is paid in cash)
- c) Policy application form and contact details (when benefit is preserved)
- d) Document(s) required for a claim against the member's benefit in terms of Section 37 D

PROCESSING WILL BE DELAYED UNTIL ALL THE REQUIRED DOCUMENTS ARE SUBMITTED

SECTION 1: EMPLOYER DETAILS

Fund	
Employer	
Paypoint	

SECTION 2: MEMBER DETAILS

Membership number			
Company number			
Full names			
Surname			
Date of birth	/ /	Identification number	
Tax number			
e-mail			
Cell phone number			
Home phone number			
Postal address			Postal code
Residential address			Postal code

SECTION 3: WITHDRAWAL DETAILS

Date of withdrawal						
Withdrawal type	Voluntary Resignation	Dismissal	Abscond	Involuntary Retrenchment	Voluntary Retrenchme	Other (Specify)
Specify "Other"						
Final Annual Pensionable Salary						
Date of final contribution						
Final member contribution amount						
Final employer contribution amount						
Final voluntary contribution amount (if applicable)						
Has the member been employed in any territory outside of South Africa? If so, please state the period and country(ies)						

SECTION 4: PAYMENT INSTRUCTION DETAILS

Claim(s) against member's Fund Credit

Indicate whether any of the following permissible recoveries are to be made from the member's fund credit in terms of Section 37 D of the Pension Fund Act:

☐	Home loan or home loan surety
☐	Judgement or court order
☐	Divorce court order
☐	Maintenance court order

Home loan or home loan surety

A home loan surety claim can only be settled if it is provided for in terms of a contract between the Fund and the financial institution.

Judgement or court order

An original certified copy of the judgement or court order which specifically instructs the Fund to pay from the member's fund credit a specified amount to a specified institution/person.

An original certified copy of the claimant's bank statement, original letter stamped by the bank. or a cancelled cheque.

Divorce court order

An original certified copy of the full divorce court order (if not previously submitted) which specifically instructs the Fund to pay from the member's fund credit a specified amount/percentage to a specified person.

An original certified copy of the claimant's bank statement, original letter stamped by the bank. or a cancelled cheque.

Maintenance court order

An original certified copy of the maintenance court order (if not previously submitted) which specifically instructs the Fund to pay from the member's fund credit a specified amount/percentage to a specified person.

An original certified copy of the claimant's bank statement, original letter stamped by the bank, or a cancelled cheque.

SECTION 5: UNDERSTANDING YOUR BENEFIT AND PAYMENT INSTRUCTION DETAILS

It's important to understanding your Benefit Claim Options and Instructions.

Option 1: Preserve all or part of my benefits in the Fund (*Preservation*)

Option 2: Transfer all or part of my benefits to an Approved Fund (*Transfer*)

Option 3: Withdraw all or part of my benefit (*Withdraw*)

Based on the above selection that you have made, you will need to complete the correct options listed below and this will correspond to the option you selected above.

OPTION 1: PRESERVATION

When you leave your job, you will automatically become a paid-up member of the Fund until you instruct us to pay out or transfer your benefit. You must select this option if you don't want us to pay out or transfer your benefit at this time.

In future, if you need to access the money which you have preserved, the following options are available for you:

1. Retire from the Fund when you reach retirement age
2. Withdraw the full/part amount in cash
3. Transfer to another Approved Fund

By selecting preservation, you are agreeing to leave your benefit invested in the same portfolio/s it is currently in. Your retirement pot will by default be preserved, as you are not allowed to take this pot in cash.

Selection 1: Preserve all my benefits in the Fund

Selection 2: Withdraw part of my benefits and preserve the remaining amount

- Vested Pot
- Non-Vested Pot
- Savings Pot

OPTION 2: TRANSFER MY BENEFIT

By selecting this option, you are agreeing to transfer your benefit and it is your responsibility to provide Salt EB with the correct details of the new fund.

Your retirement pot will by default be transferred, as you are not allowed to take this pot in cash.

Selection 1: Transfer all my benefits in the Fund

Selection 2: Withdrawal some of my benefits and transfer the remaining amount

Details for transfer of benefit

Please supply the following information about the approved fund or institution to which your benefit is to be transferred.

Nature of transfer

Transfer to Approved Retirement Fund of future employer

Transfer to Approved Preservation Fund or Approved Retirement Annuity

Transfer details

Future employer (if applicable)			
Contact person		Contact Number	
Future fund name			
Fund administrator			
FSCA Registration Number			
Contact person			
Telephone no.		e-mail	

Bank details for transfer of benefit

Bank name			
Branch code		Branch name	
Account Number			
Account Holder			
Account type	☐ Cheque	☐ Savings	

It is important to note that if you would like to transfer to an approved fund, all portions not taken in cash will need to be transferred together to the same fund.

OPTION 3: PAY THE FULL/PART BENEFIT AVAILABLE IN CASH

This option allows you to take a cash withdrawal limited to the *Pension Fund Act/Legislation* or a part cash withdrawal.

- Vested Pot**
1. Full cash withdrawal/ maximum amount allowed
 2. Part cash withdrawal
- Withdrawal a specific amount

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- Savings Pot**
1. Full cash withdrawal/ maximum amount allowed
 2. Part cash withdrawal
- Withdrawal a specific amount

R

Bank details for cash payout

Note: The account must be in the name of the member. In the case of a joint bank account, a stamped letter from bank confirming that the account is held in both names is required. SALT Employee Benefits (Pty) Ltd will not accept responsibility for any losses that may arise from this arrangement.

Please attach an original certified copy of a bank statement stamped by the bank, or an original letter stamped by the bank, or a cancelled cheque to prove validity and ownership of the account.

Bank name			
Branch code		Branch name	
Account Number			
Account Holder			
Account type	☐	Cheque	☐ Savings

It is important to understand the tax implications with any cash withdrawals and how this may impact your future retirement savings. Salt Employee Benefits will not be responsible for any incorrect information provided by you or your employer to the Fund.

Important information regarding your pots:

Vested pot

If you want to preserve some of your benefits in the fund, you can fully preserve or fully withdrawal your vested pot. If you want to transfer some of your benefits, you can fully transfer or fully withdraw your vested pot, as well as select to transfer a portion and withdraw the rest of the vested pot.

Savings pot

You can only access your full withdrawal benefit, if you have not withdrawn from your savings pot in the financial tax year or if the value of your savings pot is less than R2 000. If you have withdrawn from your savings pot and your benefit is more than R2 000, you will not be able to withdraw from your savings pot.

SECTION 6: MEMBER DECLARATION

I, _____ (full names) hereby declare that the above information is true and correct in every detail and Salt Employee Benefits (Pty) Ltd is hereby authorised to make payment as stated above.

The options in terms of the Rules of the Fund as well as the tax implications have been fully explained to me and I declare that I understand all options available, including the option which I have selected and the implications thereof.

I agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Salt Employee Benefits (Pty) Ltd and the fund of its liability in terms of the Rules of the Fund.

Member signature

Date

SECTION 7: EMPLOYER DECLARATION

I, _____ (full names) in my capacity of _____ hereby declare that all the above information and accompanying documents are, to the best of my knowledge true and correct and Salt Employee Benefits (Pty) Ltd is hereby authorised to make payment as stated above.

The options in terms of the Rules of the Fund and tax implications have been fully explained to the member.

Employer authorised signature

Official Stamp

Date